

# TEXAS CANCER REPORTING NEWS



## *From The* **DIRECTOR**

### *Change is the word...*

Another year has come and gone and a word that has become all too familiar to us is "change." Change has been driven by federal legislation (e.g. HIPAA), state legislation (e.g., consolidation of all Health and Human Services (HHSC) agencies, management to staff ratio requirements), new/revised national cancer registration requirements (e.g., new surgery coding schemes, new/deleted reportable data items, new EDITS, etc.) and by budget shortfalls to just name a few. I am pleased to report that the Texas Cancer Registry (TCR) survived the state budget process and received state funding at a reduced but sufficient level to retain our CDC funding. In addition, we have made the required cancer registry operations and associated software changes to meet current national cancer registration requirements and distributed this information and software to our cancer reporters. We also implemented new methods of reporting cancer cases via the Internet. Many of these specific changes are discussed further in this newsletter.

Another significant change for the TCR was the reorganization of the division to reduce the number of managers and supervisors from 12 to 5 to meet the state required 1:9 management to staff ratio, effective

September 1, 2003. In addition, the central office in Austin assumed direct supervision of all regional cancer registry staff. These changes have created some new challenges for us but we are working through them as quickly as possible. The effect of the consolidation of the HHSC agencies on the TCR is not known at this time.

There are more cancer reporting changes coming down the pike in 2004, such as collaborative staging and the reporting of benign and borderline tumors of the brain and other central nervous system. The good news for Texas cancer reporters is that we are ahead of the game regarding the benign/borderline CNS tumors because folks already have been reporting these as required by Texas law. There will be new universal multiple primary rules to accommodate these tumors, but overall the effect of implementation of this new national requirement in Texas should be minimal.

Sometimes it may be overwhelming to think of changes for 2004 when facilities have only begun to report 2003 cases. We are working on modifying our software and reporting instructions to accommodate the requirements for 2004 and will be developing and hosting regional trainings for our cancer reporters to

help reduce the impact of these new changes. We hope to distribute the new reporting information, our revised SandCrab Lite software and modified edits in late March and begin the trainings in April or May 2004. Although we have extended the reporting of 2003 cases from 6 months to 12 months due to the previous delay in getting the reporting instructions and software to the facilities, 2004 cases will fall under the 6 months requirement. Please let us know if we can do anything differently (within our law/rules) to help make these new reporting changes as painless as possible.

As always, I appreciate your efforts in helping Texas get one step closer to becoming a NAACCR gold certified cancer registry. Have a great new year.

*-Nancy S. Weiss, Ph.D.*

## Texas Cancer Data Work Group (TCDWG)

In continuing efforts towards developing a strategic plan focused on meeting all CDC's National Program of Cancer Registries (NPCR) program criteria, the Texas Cancer Data Work Group (TCDWG) a committee of twenty-four stakeholder organizations that supports and advises the TCR, met and developed a mission statement and goals, and created four standing subcommittees supporting these overall goals. The overall group and sub-committees meet formally on a tri-annual basis supplemented by monthly sub-committee teleconferences. The subcommittees continue to focus on the following: assuring the collection of quality and accurate cancer data; evaluating and recommending methods to gather and present data; providing input on laws, regulations, and policies of the state regarding cancer registration; securing adequate TCR funding; and planning and establishing short- and long-term goals. A subset of the TCDWG members who will assist in drafting the strategic plan has yet to be identified.

During the State of Texas 78th Legislative Session, various TCDWG members were instrumental in providing information to the legislatures about the importance of a state level cancer registry. These efforts assisted the TCR to receive appropriate "maintenance of effort" funding level required to maintain the CDC federal grant.

### Reminder:

Cases diagnosed 2001 or later should be coded using the International Classification of Disease for Oncology (ICD-O 3).

## Cancer Reporting Rules & HIPAA

Texas Department of Health (TDH) legal counsel directed that an additional modification of the cancer reporting rules was necessary for compliance with Texas' implementation of HIPAA. This amendment specifies all reportable data items required, necessitating future rule revisions if data items are deleted or added. The modification of the cancer reporting rules for HIPAA compliance was accepted by the TDH Board of Directors and went into effect on April 24, 2003. Notification of the HIPAA cancer reporting modified rule was distributed to 1,700 administrators and cancer reporting facilities on May 16, 2003.

### Reminder:

To be HIPAA compliant, only reportable cancers and other tumors should be submitted to the TCR.

## Technology Corner

In September 2003, the Texas Cancer Registry (TCR) released a new version of Sandcrab Lite (SCL) 6.0. This replaces the current version of SCL 4.0. SCL was upgraded to meet the new North American Association of Central Cancer Registries (NAACCR) version 10 standards and to add features that were recommended by our reporters. This new version SCL 6.0 must be used to submit cases diagnosed for year 2003. Any cases diagnosed prior to 2003 can also be submitted with the new version. Some new or upgraded features in SCL 6.0 include:

- File Transfer Protocol (FTP): A secured method to submit cases via the Internet, thus eliminating the need for diskettes and

reduces the amount of rejections due to blank and/or corrupt diskettes. Data is automatically encrypted, password protected and sent to a secured server at TDH. An encrypted password is used to connect to the secure server, the data is transferred, and the connection from your computer to the TDH server is then terminated. These security features are built into the SCL program and is accomplished without any effort from the SCL user.

- Network capability: When the SCL data is on the network, multiple users can now work on SCL simultaneously. SCL previously had this feature but some problems existed.

Another new release for the TCR is the Cancer Registry Electronic Submission System (CRESS), which was developed to support web-based submissions of data files in NAACCR format, generated by commercial registry software. This system also will simplify and reduce the need for diskette-based submissions. The CRESS website is a secured site and cannot be accessed by anyone without a valid user id and password. With this system, all data submissions will become encrypted, password protected and sent to the TDH secured server. The encryption is done within the CRESS system and is accomplished without any effort from the user. For more information about the CRESS application, please refer to Appendix M of the TCR Cancer Reporting Handbook, contact the CRESS helpdesk at 1-800-252-8059 or at CRESS@exch.tdh.state.tx.us.

### Reminder:

Cases diagnosed prior to 2001 should be coded using the International Classification of Disease for Oncology (ICD-O-2).

## Coding Corner

Below are some morphologies that the TCR has received from facilities that have been coded incorrectly. We have included the correct coding and the resource for these codes. You may find these helpful in coding abstracts from your own facility.

1. Ductal carcinoma insitu cribriform type CODE: 8201/29

Resource: Page 3 Coding Complex Morphologic Diagnosis - SEER Training Materials #4

2. Moderately differentiated lobular and adenoid cystic carcinoma CODE: 8524/32

Resource: Page 3 Coding Complex Morphologic Diagnosis - SEER Training Materials #3b

3. Renal cell carcinoma with mixed granular cell, clear cell, and collecting duct differentiation CODE: 8255/39

Resource: Page 8 Coding Complex Morphologic Diagnosis - SEER Training Materials, Examples of Complex Histologies

4. Combined small cell-large cell carcinoma CODE: 8045/3

Resource: Page 10 Coding Complex Morphologic Diagnosis - SEER Training Materials, ICD-O-3 Combined and Mixed Histology Codes

5. Do not code grade from a local recurrence. Code grade from the original primary site.

Resource: SEER Inquiry System Question: #200331023  
Resource: I&R Question: #10093

6. Code the grade when you have a histology for which the grade is implied even if you have an unknown primary, such as undifferentiated carcinoma, NOS (8020/34).

Resource: SEER Inquiry System, SEER Program Manual, 3rd Edition: pg. 101  
Question: #20010052

7. The code used to represent the histology for a lung biopsy of "non-small cell carcinoma with features of poorly differentiated adenocarcinoma" would be 8140/33. The term "non-small cell carcinoma" is used to represent a broad category of epithelial cancers.

Resource: SEER Inquiry System Question: #20021157

8. If we only need to code the dominant modality for multiple radiation therapy, what modalities are considered dominant?

Answer: The "dominant" would be defined in this situation as the "most clinically significant" modality. If a patient is treated with 6 MV photons and 15 MV photons for regional treat-

ment dose, the regional treatment modality would be coded 25, photons (>11-19MV). The amounts for regional are not added together but the reported code should reflect the dominant modality used to treat the patient.

Resource: ACoS I&R Question: 9853

The SEER Training Materials document may be found online at [www.seer.cancer.gov](http://www.seer.cancer.gov).

### Reminder:

Cases with an unknown diagnosis date should be coded according to year of admission. <2001 code using ICD-O-2 and 2001 and forward code using ICD-O-3.

### Reminder:

You now have a SEER Summary Stage scheme for brain and cerebral meninges (C70.0, C71.0-C71.9). Refer to SEER Summary Stage 2000, pages 266-267.

## Calls for Data

The TCR participated in the first NAACCR Call for Hispanic Data in July 2003. The data submitted was for diagnosis years 1995-2000. This was the first national cancer data compilation effort in which all states applied the same criteria for identifying Hispanics, allowing NAACCR to publish national cancer rates for Hispanics.

We appreciate your accurate, complete and timely data which enables us to meet our external timelines for data submissions.

Call for Data	Submission Due	Date Submitted
Call for Hispanic Data	July 2003	1995-2000
NAACCR Call for Data	December 2003	1995-2001
CDC Call for Data	January 2004	1995-2002
CBTRUS Call for Data	February 2004	1996-2001

## New Handbook 2003

One copy of the revised Cancer Reporting Handbook revised July 2003 and the Confidential Cancer Reporting Form (TCR#1 revised July 2003) has been mailed to all facilities. You should begin using the new form (also available in SCL v 6.0), new reporting requirements and abstracting the newly required data items beginning with cases diagnosed/admitted January 01, 2003 and forward. TCR staff are working on an errata for the handbook and plan to have this out in January.

### Overview of Changes:

New Reporting requirements:

- All cases diagnosed/admitted January 01, 2003 and forward **must** be submitted in NAACCR version 10.
- Cases diagnosed/admitted prior to January 01, 2003, NAACCR version 10 is preferred, but NAACCR version 9 will be accepted for these cases. Submissions in an incorrect format will be returned to the reporting institution. If cases are returned to your facility, they will not count towards your compliance.

### Items/Fields Added:

Date Systemic Therapy Started

### Items/Fields No Longer Required:

Name-Suffix	Reason for no Surgery
Name-Alias	RX Date Chemotherapy Started
Marital Status at Diagnosis	RX Date Hormone Started
Usual Occupation	RX Date BRM Started
Usual Industry	RX Text Chemotherapy
Reason for no Chemotherapy	RX Text Hormone
Reason for no Hormone	RX Text BRM
Reason for no XRT	Other Text

### Items/Fields Modified:

Class of Case	Immunotherapy-BRM
Last Name	Chemotherapy
Maiden Name	Hormone Therapy
Institution Referred From	Type of RX-Radiation
Institution Referred To	Sequence Number
Surgery of Primary Site	Cause of Death

### Items/Fields Populated by Other Sources:

Occupation	Industry Source
Industry	Cause of Death
Occupation Source	

Facilities will not be responsible for reporting these data items; these will be populated from Bureau of Vital Statistics files.

For a complete description of each reportable item, consult your new 2003 reporting handbook. If you have questions regarding the new reporting handbook, please contact your regional program manager.

Leticia Vargas, CTR

### Reminder:

If the radiologist does not state "malignancy" in the report and only states mass, the date of the imaging report cannot be used as the date of the diagnosis. Remember to refer to the ambiguous terms.

### Reminder:

The valid staging codes for the brain and cerebral meninges (C70.0, C71.0-C71.9) are "1" localized, "5" regional, and "7" distant. Codes "2", "3" and "4" are not valid for this scheme. Refer to SEER Summary Stage 2000 pages 266-267.

## New CTRs

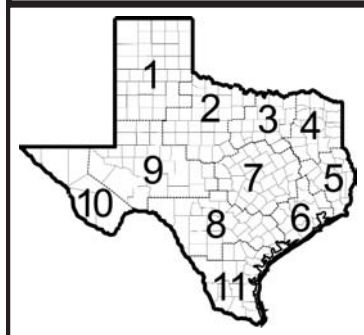
There were 225 candidates that took the CTR exam on March 15, 2003. We would all like to congratulate the new certified tumor registrars in the state of Texas. They are Lana Benedict from Wharton, LaKeidru Blaylock and Diane Roberts from Houston, and Coleta McCoslin from Hewitt. Good work ladies!



## Case Completeness

PHR 1:	2000	96%	PHR 4:	2000	93%	PHR 7:	2000	97%	PHR 10:	2000	100%
	2001	103%		2001	80%		2001	93%		2001	100%
	2002	82%		2002	46%		2002	71%		2002	94%
	2003	5%		2003	1%		2003	6%		2003	11%
PHR 2:	2000	90%	PHR 5:	2000	98%	PHR 8:	2000	100%	PHR 11:	2000	95%
	2001	92%		2001	94%		2001	100%		2001	84%
	2002	70%		2002	50%		2002	73%		2002	51%
	2003	3%		2003	4%		2003	1%		2003	3%
PHR 3:	2000	92%	PHR 6:	2000	100%	PHR 9:	2000	88%	Statewide:	2000	97%
	2001	93%		2001	100%		2001	96%		2001	95%
	2002	64%		2002	80%		2002	76%		2002	69%
	2003	2%		2003	5%		2003	6%		2003	3%

As of : December 04, 2003



## 2004 Workshops

The TCR is in the planning stages to host four regional 2-day workshops in 2004. The target areas would be Dallas-Fort Worth, Austin, Houston and the Valley. Topics being considered are advanced abstracting, coding and staging; multiple primaries including benign and malignant tumors of the central nervous system; and 2004 reporting requirements. These workshops would be provided at no charge to reporters and each session would accommodate 30. Additional information will be provided as soon as it becomes available.

## TxTRA

The Texas Tumor Registrars Association (TxTRA) 31st Annual Education Conference was held September 24-26, 2003 in San Antonio, Texas at the Menger Hotel. Plans are underway to have a combined TxTRA and TCR conference in 2004.

### Reminder:

Any patient admitted to your facility with active disease or receiving treatment for cancer, regardless of where that patient was diagnosed, is reportable to the TCR.

## ICD-O-3 Changes

There have been many changes to the ICD-O morphology codes and terms. Some changed from borderline to malignant and some changed from malignant to borderline. The TCR Reporting Handbook has tables of these changes on pages 19-20. Please familiarize yourself with these changes so you do not miss reportable cases or submit nonreportable cases.

### Reminder:

Staging codes "2," "3" or "4" for SEER Summary Staging scheme for lymphomas are not valid. The valid codes for this staging scheme are "1" localized, "5" regional, and "7" distant. Refer to SEER Summary Stage 2000 pages 278-279.

## Compliance

Due to the delay of NAACCR version 10, the six month submission requirement for 2003 cases is extended. For example, January 2003 cases are due January 2004, February 2003 cases are due February 2004, March 2003 cases are due March 2004, etc. All 2003 cases must be submitted by December 31, 2004. This extension does not include prior years submissions and 2004 cases. Please continue to follow the 6 month submission guideline for these years.

## TCR Internet

The TCR internet site is continually updated with new and important information. Please remember to visit the site often. The regional training sessions, times, and places are on the site under the "Regions" page. All new data publications are posted as well. The errata to the TCR Reporting Handbook is planned to be posted after January 2004.

<http://www.tdh.state.tx.us/tcr>

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Chair, Texas Board of Health

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Questions regarding information  
found in this newsletter, or suggestions  
for future editions can be directed to  
Karen Favers in Austin.

Please let us know if you would like to  
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806-744-3577

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210-949-2165

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Visit us online:  
[www.tdh.state.tx.us/tcr](http://www.tdh.state.tx.us/tcr)

## Resource List

You may find these resources useful when abstracting or coding cancer cases, conducting research, following up on a patient, or preparing for the certified tumor registrar (CTR) exam.

American Cancer Society: [www.cancer.org](http://www.cancer.org)

Commission on Cancer: [www.facs.org](http://www.facs.org)

Centers for Disease Control and Prevention: [www.cdc.gov](http://www.cdc.gov)

NAACCR: [www.naaccr.org](http://www.naaccr.org)

National Board for Certified Tumor Registrars (NBCR): [www.nbcr.org](http://www.nbcr.org)

NCRA: [www.ncra-usa.org](http://www.ncra-usa.org)

National Cancer Institute: [www.nci.nih.gov](http://www.nci.nih.gov)

SEER: [www.seer.cancer.gov](http://www.seer.cancer.gov)

Social Security Death Index:

[www.ancestry.com/search/rectype/vital/ssdi/main.html](http://www.ancestry.com/search/rectype/vital/ssdi/main.html)

U.S. Census Bureau: [www.census.gov](http://www.census.gov)

U.S.P.S. ZIP + 4 Code Lookup: [www.usps.gov/ncsc/lookups/zip+4.html](http://www.usps.gov/ncsc/lookups/zip+4.html)

## Publications

American Cancer Society Textbook of Clinical Oncology or Cancer Manual, 9th Edition. Excellent clinical references for cancer registrars.  
(To order, call ACS Bookstore at: 888-227-5552.)

Cancer Registry Management Principals & Practice, published in 1997.  
(To order, call NCRA at: 800-228-0810. NCRA members receive a \$20 discount.)

The SEER Program Self-Instructional Manuals for Tumor Registrars. Set of eight books. (To order, call the Cancer Information Service-Publication Ordering Service at: 800-4-CANCER.)

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